PROGRAM NAME:	
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Child's Name	Date of Birth	Enter the number of doses of each vaccine that the child has received.							Refusal of	Varicella
		DTP	Polio	MMR	HIB	Нер В	Varicella	PCV	Vaccine(s) 1	Disease ²
Sample Record - Jane Doe	01/01/11	4	3	1	3	3	1	4		
	 									

1 REFUSAL: Copy of Immunization Refusal Form <u>must be</u> included with this report.

2 VARICELLA: Copy of Varicella Disease Verification Form <u>must be</u> included with this report.

PCV - Includes PCV7 or 13 (Prevnar), and PPSV23

DTaP - Includes DTaP and DTP (Diphtheria, Tetanus, Pertussis)

DT (Diphtheria, Tetanus - Pediatric)

Td (Tetanus, Diphtheria - Adult)

IPV - Includes OPV (Oral Polio Vaccine)

HIB - Haemophilus Influenzae Type B Hep B - Hepatitis B MMR - Measles, Mumps, Rubella VAR - Varicella VZV